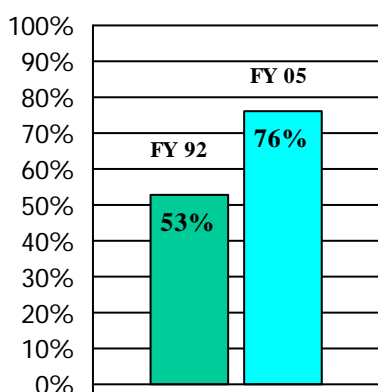


Fact Sheet: A Successful Vision



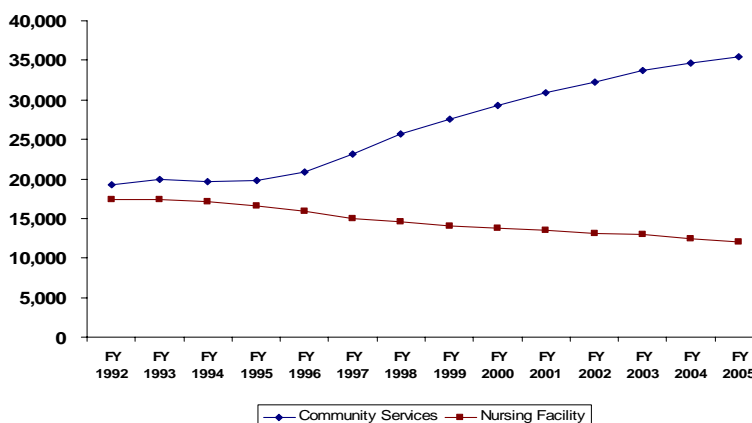
In FY92, 53 percent of clients were served in home and community settings. Today, 76 percent of clients receive services in their own homes or in community residential settings.

The 1993 Legislature established the vision:

"The legislature finds that the public interest would best be served by a broad array of long-term care services that support persons who need such services at home or in the community whenever practicable and that promote individual autonomy, dignity, and choice. The legislature finds that as other long-term care options become more available, the relative need for nursing home beds is likely to decline. The legislature recognizes, however, that nursing home care will continue to be a critical part of the state's long-term care options, and that such services should promote individual dignity, autonomy, and a homelike environment." (HB 2098, codified in RCW 74.39A)

Since 1983, the COPES Medicaid Waiver has allowed clients eligible for nursing facility care to be served in home and community residential settings. The 1995 Legislature enhanced the goal: *"By June 30, 1997, the department shall undertake to reduce the nursing home Medicaid census by at least one thousand six hundred by assisting individuals who would otherwise require nursing facility services to obtain services of their choice, including assisted living services, enhanced adult residential care, and other home and community services."* (HB 1908, codified in RCW 74.39A)

Community and Nursing Home Clients 1992-2005
(Average monthly caseload)



Washington's LTC System

- Supports family caregivers as primary resource for long-term care
- Consolidates full array of options: home/community-residential/nursing home
- Controls and coordinates entire Medicaid LTC budget (including nursing home, home/community-residential, and AOA/AAA)
- Controls and coordinates residential care quality assurance and regulatory compliance
- Targets seniors and disabled adults in one long-term care delivery system
- Uses MPC and HCBS Waivers to expand home/community care options
- Uses comprehensive client assessment to target resources to high risk clients
- Uses case management to set up and monitor individualized care plans
- Uses diversion and relocation to minimize Medicaid nursing home caseload
- Actively promotes home care & community-residential care options
- Uses nursing home case management to assertively relocate clients back to community
- Uses technology to integrate eligibility, assessment, authorization, payment and care planning in the client assessment instrument
- Uses quality assurance to strengthen care planning and case management functions
- Medicaid nursing home caseload was reduced from 17,353 in FY92 to 11,957 in June 2005.
- Nursing home percentage of LTC budget was reduced from 82% in 1992 to 44.76% for the 2005-07 biennium.
- Currently merging developmental disabilities into unified LTC program
- Currently developing consumer-directed care options
- Currently developing Medicare-Medicaid Integration Partnership

How Washington ranks nationally*

- 3rd in Medicaid HCBS Waiver participants per 1000 population
- 7th in Medicaid LTC spending on home and community based services
- 43rd in Medicaid LTC spending on nursing homes
- 31st in Medicaid LTC spending per capita

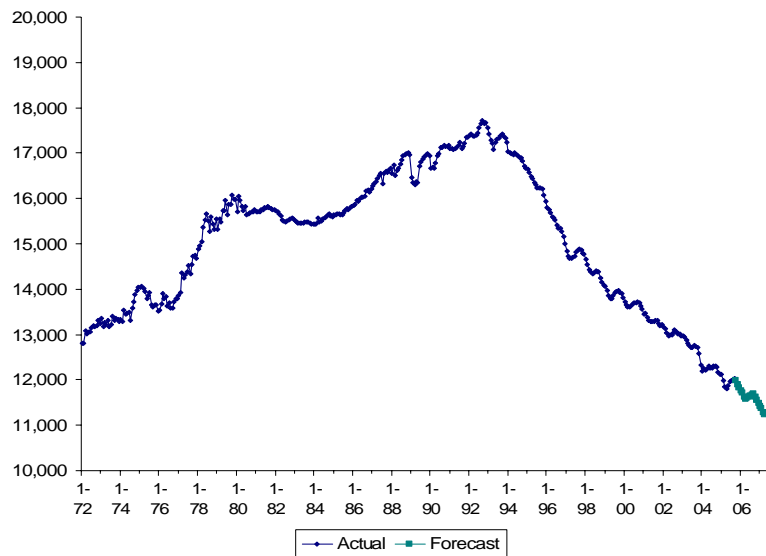
*AARP Public Policy Institute, *Profiles of Long -Term Care*, 2004

The Medicaid Integration Partnership

- Combines and streamlines complementary services
- Brings funding together and contains costs
- Reaches out to clients with serious illness and multiple program needs
- Coordinates care around the most pressing medical and psychosocial needs of the client

Nursing Home Medicaid Residents have declined since 1993

Nursing Home Medicaid Caseload (FTE)



There are nursing home beds available today for all who need them.

The average occupancy rate in Washington's nursing homes is 86.98 percent. Before the legislative mandate to create options for seniors and people with disabilities, the average occupancy rate in nursing homes was 94 percent

The Legislature provided help for nursing homes to diversify by:

- Authorizing a rate add-on for facilities converting nursing home beds to boarding home or assisted living units.
- Implementing a case mix payment system to pay higher rates for heavier care nursing home residents.
- Allowing a nursing home to "bank" its licensed beds and restore them at a later date, if necessary

The average number of Medicaid clients in nursing homes each month has decreased from 17,353 in 1992 to 11,957 in June 2005. During this same time period, the average home and community caseload has grown from 19,330 to 35,516.

Note: A detailed Fact Sheet on Nursing Home Closures is available.